

Permit to Work - Hot Works

For all operation involving flame, welding and hot cutting

This permit is valid only for the job described and the timescales provided

Description of work

iuyiuy

Location of work

Building	Floor	Room	Location		
uyi					
Date required (max duration 1 day)	03-08-2018	Valid From (time)	01:56 AM	To	01:56 AM

Contact Details (method of Contact)

Mobile Phone	Site Telephone	Co. Office No.
Estates Project Officer	Estates Help Desk	Security

Potential Hazards	<input checked="" type="checkbox"/> TRIPPING/FALLING/STRIKING OBJECTS <input type="checkbox"/> OXYGEN ENRICHMENT
	<input type="checkbox"/> OXYGEN DEPLETION <input type="checkbox"/> TOXIC GAS <input type="checkbox"/> EXPLOSIVE GAS
	<input type="checkbox"/> BIO HAZARD <input type="checkbox"/> POOR LIGHTING <input type="checkbox"/> HEAT <input type="checkbox"/> NOISE
	<input type="checkbox"/> OTHER PROVIDE DETAILS <input checked="" type="checkbox"/> OXYGEN ENRICHMENT
	<input type="checkbox"/> OXYGEN DEPLETION <input type="checkbox"/> TOXIC GAS <input type="checkbox"/> EXPLOSIVE GAS
	<input type="checkbox"/> BIO HAZARD <input type="checkbox"/> POOR LIGHTING <input type="checkbox"/> HEAT <input type="checkbox"/> NOISE
	<input type="checkbox"/> TRIPPING/FALLING/STRIKING OBJECTS <input type="checkbox"/> OTHER PROVIDE DETAILS

Control Measures	<input checked="" type="checkbox"/> HAZARDS/EQUIPMENT ISOLATED <input checked="" type="checkbox"/> DEPARTMENT STAFF INFORMED
	<input checked="" type="checkbox"/> PROTECTIVE EQUIPMENT REQUIRED - SPECITY
	<input type="checkbox"/> HAZARDS/EQUIPMENT ISOLATED <input type="checkbox"/> DEPARTMENT STAFF INFORMED
	<input type="checkbox"/> PROTECTIVE EQUIPMENT REQUIRED - SPECITY
Other Identified Measures	Control Measures

Mandatory Safety Requirements (See reverse for further guidance)	Actioned
ALL SYSTEM ASSOCIATED WITH THE WORK TO BE ISOLATED, INCLUSIVE OF SMOKE ALARM	✓
ASSISTANT TO STANDBY WITH THE FIRE EXTINGUISHER SUITABLE FOR TASK(COMPETENT IN USE)	✓
BUILDING FACILITIES MANAGER NOTIFIED	✓
AREA TO BE CHECKED/INSPECTED FOR COMBUSTION 1 HOUR AFTER COMPLETION OF WORK	✓
ALL AREAS TO BE CHECKED AND COMBUSTIBLES REMOVED OR PROTECTED BEFORE COMMENCEMENT OF WORK	✗
ALL AREA TO BE SCREENED, PROTECTED, ROPED OFF AS NECESSARY AND WARNINGSIGNS DISPLAYED	✗
ALL AREAS TO BE CHECKED AND COMBUSTIBLES REMOVED OR PROTECTED BEFORE COMMENCEMENT OF WORK	✓
ALL AREA TO BE SCREENED, PROTECTED, ROPED OFF AS NECESSARY AND WARNINGSIGNS DISPLAYED	✗
ALL SYSTEM ASSOCIATED WITH THE WORK TO BE ISOLATED, INCLUSIVE OF SMOKE ALARM	✗
ASSISTANT TO STANDBY WITH THE FIRE EXTINGUISHER SUITABLE FOR TASK(COMPETENT IN USE)	✗
BUILDING FACILITIES MANAGER NOTIFIED	✗
AREA TO BE CHECKED/INSPECTED FOR COMBUSTION 1 HOUR AFTER COMPLETION OF WORK	✗

Person Entering work area(See reverse for further guidance)

uyiuyi					
Permit issued by	yuiuyi	Date	03-08-2018	Time	
Permit Receieved by	uyiuyi	Date	03-08-2018		

Permit Cancellation(Estates Dept.)

Name		Date	03-08-2018	Time	
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